

NA 04-0077-C H/H Mansfield v Barnhart
Judge David F. Hamilton

Signed on 6/14/05

NOT INTENDED FOR PUBLICATION IN PRINT

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
NEW ALBANY DIVISION

DANA L. MANSFIELD,)	
)	
Plaintiff,)	
vs.)	NO. 4:04-cv-00077-DFH-WGH
)	
JO ANNE B.)	
BARNHART, COMMISSIONER OF THE)	
SOCIAL SECURITY ADMINISTRATION,)	
)	
Defendant.)	

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
NEW ALBANY DIVISION

DANA MANSFIELD,)	
)	
Plaintiff,)	
)	
v.)	CASE NO. 4:04-cv-0077-DFH-WGH
)	
JO ANNE BARNHART,)	
Commissioner of the Social Security)	
Administration,)	
)	
Defendant.)	

ENTRY ON JUDICIAL REVIEW

Plaintiff Dana Mansfield seeks judicial review of a final decision by the Commissioner of Social Security denying her application for disability insurance benefits. Acting for the Commissioner, Administrative Law Judge Lawrence Shearer determined that Ms. Mansfield was not disabled under the Social Security Act because none of her severe impairments met or medically equaled any impairment listed in Subpart P, Appendix 1 of the regulations, and because she retained the residual functional capacity to perform a limited range of light work, including her past relevant work as a study hall aide. Ms. Mansfield contends that the ALJ failed to articulate his reasons for discrediting her subjective accounts of debilitating fatigue and joint pain. Ms. Mansfield also argues that the ALJ failed to note the combined effect of her ailments and the side effects of her

medication. As explained below, the denial of benefits is affirmed because the ALJ reached a reasonable decision supported by substantial evidence.

Background

Dana Mansfield was 36 years old in December 2003 when the ALJ denied her application for Social Security benefits. She had two years of college education. She had previously worked as a study hall aide and as an assembler at an automobile factory. She was diagnosed with rheumatoid arthritis and Sjögren's syndrome in 2001.¹ She stopped working at the auto factory February 1, 2003 due to fatigue, muscle ache, and joint pain. R. 110, 182-88.

On June 8, 2001, rheumatologist Michael H. Edwards, M.D., examined Ms. Mansfield for longstanding joint pain in her hands, right shoulder, lower back, and left hip. She had been treated by her family physician, Lea Marlow, M.D. since 1996 for arthritic pain. R. 100-14. Although Dr. Edwards recommended further testing for inflammatory arthritis, the examination did not reveal any clear evidence of joint inflammation. R. 131.

Dr. Edwards diagnosed Ms. Mansfield with Sjögren's syndrome in October, 2001 and gave her a trial prescription for Methotrexate. R. 121. A follow up

¹Sjögren's Syndrome is a disease accompanied by inflammation of the conjunctiva and of the cornea and dryness of mucous membranes. It is often associated with rheumatoid arthritis. *Stedman's Medical Dictionary* 1741 (26th ed. 1995).

examination on December 7, 2001 stated that Ms. Mansfield's Sjögren's syndrome had resulted in symptoms of stiffness, fatigue, and dryness of the eyes and mouth. R. 119.

Dr. Edwards next examined Ms. Mansfield on February 1, 2002. While still reporting stiffness, Ms. Mansfield stated that she had less hip pain and increased energy. Dr. Edwards reported that Ms. Mansfield's Sjögren's syndrome was "stable/improved." R. 117.

On February 21, 2002, Ms. Mansfield filed her first application for disability insurance benefits. Her application stated that fatigue and severe joint and muscle pain had limited her ability to work. She indicated on her application that these symptoms were caused by Sjögren's syndrome and rheumatoid arthritis. According to her application, she had been unable to work since October 24, 2001, and had stopped working on February 1, 2002. She had been employed at the auto factory as an assembler until February 1, 2002. The only other employment she maintained in the last 15 years was as a study hall aide from August 1991 through May 1993. R. 49, 50.

Ms. Mansfield was examined by Dr. Edwards again on April 10, 2002. She reported a recent "flare" of severe pain in her hips and thighs, and increased fatigue. She also reported using her treadmill at home twice a day for 10 to 20 minutes per session. Dr. Edwards stated that she should continue using the

treadmill and taking her Methotrexate medication, and should come back for a follow up exam in four months.

On May 10, 2002, Ms. Mansfield was given a general medical examination by Richard P. Gardner, M.D., for the Indiana Department of Family & Social Services Disability Determination Bureau. Dr. Gardner concluded that there were no joint deformities from arthritis nor any detectable active inflammation of joints. There was no impairment of grip strength, fine finger manual dexterity, range of motion, gait, or station. R. 135-38.

On May 28, 2002, state agency medical consultants reviewed the evidence of Ms. Mansfield's medical record and issued a Physical Residual Functional Capacity Assessment. The consultants concluded that Ms. Mansfield had slightly limited lifting capacity (being able to lift up to 50 pounds occasionally), that she could stand, walk, or sit for about six hours in an eight hour work day, and that she had unlimited push and/or pulling abilities subject to the weight restrictions. R. 139-48. After the Physical Residual Functional Capacity Assessment was issued, Ms. Mansfield's disability claim was denied on May 30, 2002, and on reconsideration November 13, 2002. R. 30, 34. Ms. Mansfield filed a timely request for a hearing before an ALJ. R. 25.

In August 2002, Ms. Mansfield was walking and was struck by a car. She landed on her left side. She was examined by Dr. Edwards on August 28, 2002,

who reported no fractures. The remainder of Dr. Edwards' report stated that the symptoms of Sjögren's syndrome continued, but that Ms. Mansfield had been attending physical therapy and was riding a bike. Dr. Edwards increased Ms. Mansfield's Methotrexate prescription and reminded her to get an eye exam. She was then scheduled for a return four months later. R. 171.

Ms. Mansfield was next examined by Timothy E. Schmitt, M.D., an eye surgeon, at the recommendation of Dr. Edwards. Dr. Schmitt reported that there was no evidence of plaquenil toxicity, a possible side effect of Ms. Mansfield's medication. Ms. Mansfield did not have any retinal, optic nerve, or blood vessel problems according to Dr. Schmitt's report. R. 155, 157.

Ms. Mansfield saw Dr. Edwards next on December 18, 2002. The report stated that her Sjögren's syndrome had resulted in chronic symptoms such as fatigue, dryness of the eyes and mouth, recurrent muscle and joint pain, and other flu-like symptoms. She was told to return in four to six months. R. 169.

On March 21, 2003, Dr. Edwards reported that Ms. Mansfield was still suffering from the symptoms of Sjögren's syndrome and that the fatigue she was suffering was secondary to her autoimmune condition. R. 167.

On October 29, 2003, Ms. Mansfield appeared and testified at a hearing for her disability claim before ALJ Lawrence Shearer. Sharon Lane testified as a vocational expert.

On November 12, 2003, Dr. Edwards completed a “physical capacities evaluation” of Ms. Mansfield at the request of her attorney. Dr. Edwards indicated that Ms. Mansfield could sit for an entire eight hour work day, while she could stand and walk for two hours of an eight hour work day. She could lift and carry up to 50 pounds occasionally, make repetitive hand and foot movements, and occasionally squat, crawl, climb and reach above shoulder level. R. 175.

On December 22, 2003, the ALJ issued a decision finding Ms. Mansfield not disabled. Ms. Mansfield requested a review of the ALJ’s decision, and the Appeals Council denied review on February 11, 2004. Thus, the ALJ’s decision is treated as the final decision of the Commissioner. *Smith v. Apfel*, 231 F.3d 433, 437 (7th Cir. 2000); *Luna v. Shalala*, 22 F.3d 687, 689 (7th Cir. 1994). This court has jurisdiction pursuant to 42 U.S.C. § 405(g).

The Statutory Framework for Determining Disability

To be eligible for the disability insurance benefits she seeks, Ms. Mansfield must establish that she was unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that could be expected to result in death or that had lasted or could be expected to last for

a continuous period of not less than 12 months. 42 U.S.C. § 423(d). This showing would be presumed if Ms. Mansfield's impairments met or medically equaled any impairment listed in Part 404, Subpart P, Appendix 1 of the implementing regulations, and if the duration requirement is met. 20 C.F.R. § 404.1520(d). Otherwise, Ms. Mansfield could establish disability only if her impairments were of such severity that she was unable to perform work that she had previously done, as well as any other kind of substantial work existing in the national economy. 20 C.F.R. § 404.1520(f) and (g).

This eligibility standard is stringent. The Act does not contemplate degrees of disability or allow for an award based on partial disability. *Stephens v. Heckler*, 766 F.2d 284, 285 (7th Cir. 1985). The Act provides important assistance for some of the most disadvantaged members of American society. But before tax dollars – including tax dollars paid by others who work despite serious and painful impairments – are available as disability benefits, it must be clear that a claimant has an impairment severe enough to prevent her from performing virtually any kind of work. Under the statutory standard, these benefits are available only as a matter of nearly last resort.

The implementing regulations for the Act provide the familiar five-step process to evaluate disability. See 20 C.F.R. § 404.1520(a)(4). The steps are as follows:

- (1) Is the claimant engaged in substantial gainful activity? If so, she is not disabled.
- (2) If not, does the claimant have a severe impairment or combination of impairments? If not, she is not disabled.
- (3) If so, does the impairment meet or equal an impairment listed in the regulations? If so, the claimant is disabled.
- (4) If not, can the claimant do her past relevant work? If so, she is not disabled.
- (5) If not, can the claimant perform other work in the national economy given her residual functional capacity, age, education, and experience? If not, she is disabled.

When applying this test, the burden of proof is on the claimant for the first four steps and on the Commissioner for the fifth step. *Zurawski v. Halter*, 245 F.3d 881, 886 (7th Cir. 2001).

The ALJ found that Ms. Mansfield satisfied step one because she had not engaged in substantial gainful activity since her alleged onset of disability. At step two, the ALJ found that Ms. Mansfield's rheumatoid arthritis and Sjögren's syndrome were severe impairments. At step three, the ALJ found that Ms. Mansfield's impairments did not meet or equal any of the listed impairments in Subpart P, Appendix 1 of the regulations. At step four, the ALJ determined that the medical evidence failed to reflect objective findings that supported the degree of limitation Ms. Mansfield alleged. He did not credit Ms. Mansfield's account of the severity of her pain and fatigue and functional restrictions. Rather, the ALJ found that Ms. Mansfield could perform a range of light work with a sit/stand option and avoidance of more than occasional bending or stooping. Thus, he

found that Ms. Mansfield had the residual functional capacity to perform her past relevant work as a study hall aide. R. 14-17.

Standard of Review

If the Commissioner's decision is supported by substantial evidence, it must be upheld by a reviewing court. 42 U.S.C. § 405(g); *Maggard v. Apfel*, 167 F.3d 376, 379 (7th Cir. 1999). Substantial evidence is "such relevant evidence as a reasonable mind might accept as adequate to support a conclusion." *Diaz v. Chater*, 55 F.3d 300, 305 (7th Cir. 1995), quoting *Richardson v. Perales*, 402 U.S. 389, 401 (1971). To determine whether substantial evidence exists, the court reviews the record as a whole but does not attempt to substitute its judgment for the ALJ's judgment by reweighing the evidence, resolving material conflicts, or reconsidering facts or the credibility of witnesses. *Cannon v. Apfel*, 213 F.3d 970, 974 (7th Cir. 2000); *Luna*, 22 F.3d at 689. The court must examine the evidence that favors the claimant as well as the evidence that supports the Commissioner's conclusion. *Zurawski v. Halter*, 245 F.3d 881, 888 (7th Cir. 2001). Where conflicting evidence allows reasonable minds to differ as to whether a claimant is entitled to benefits, the court must defer to the Commissioner's resolution of that conflict. *Binion v. Chater*, 108 F.3d 780, 782 (7th Cir. 1997). This is the standard even if the opposite result would also be supported by substantial evidence. *Scheck v. Barnhart*, 357 F.3d 697, 699 (7th Cir. 2004). A reversal and remand may be required, however, if the ALJ committed an error of law, *Nelson v. Apfel*, 131 F.3d 1228, 1234 (7th Cir. 1997), or if the ALJ based the decision on serious

factual mistakes or omissions. *Sarchet v. Chater*, 78 F.3d 305, 309 (7th Cir. 1996).

Discussion

Ms. Mansfield advances two arguments: (1) the ALJ erred in his credibility determination by failing to articulate any reasons for discrediting the symptoms naturally arising out of Sjögren's syndrome combined with rheumatoid arthritis, most notable of which are debilitating fatigue and joint pain; (2) the ALJ erred in failing to note (a) the fact that her Sjögren's syndrome combined with rheumatoid arthritis by definition may produce debilitating fatigue and joint pain, and (b) the side effects of her medication Methotrexate.

I. *ALJ's Credibility Determination*

The ALJ found: “The medical evidence fails to reflect objective findings that support the degree of limitation Ms. Mansfield has alleged. The severity of the pain and fatigue and the functional restrictions purported by Ms. Mansfield are not fully credible.” R. 16, ¶ 1. He based his credibility determination on two findings: inconsistencies between her complaints and her descriptions of her daily activities, and inconsistencies between her complaints and the objective medical evidence, including a physical capacities evaluation by her treating specialist. Ms. Mansfield contends that the ALJ has failed to explain adequately his reasons for discrediting her subjective assessments of her symptoms.

Ordinarily, a reviewing court defers to an ALJ's credibility determination. *Indoranto v. Barnhart*, 374 F.3d 470, 474 (7th Cir. 2004). Absent legal error, an ALJ's credibility finding will not be disturbed unless “patently wrong.” *Powers v. Apfel*, 207 F.3d 431, 435 (7th Cir. 2000); *Diaz v. Chater*, 55 F.3d 300, 308 (7th Cir. 1995). However, when an ALJ's credibility determination rests on “objective factors or fundamental implausibilities rather than subjective considerations (such as a claimant's demeanor),” the court will apply greater scrutiny to the determination. *Clifford v. Apfel*, 227 F.3d 863, 872 (7th Cir. 2000).

The ALJ must also adequately articulate the reasons behind a credibility finding. *Brandisi v. Barnhart*, 315 F.3d 783, 787 (7th Cir. 2003); SSR 96-7p. An ALJ's evaluation of a claimant's credibility must contain “specific reasons” and

“must be sufficiently specific to make clear to the individual and to any subsequent reviewers the weight the adjudicator gave to the individual's statements and the reasons for that weight.” SSR 96-7p. The ruling specifically cautions that “it is not sufficient to make a conclusory statement that ‘the individual’s allegations have been considered’ or that ‘the allegations are (or are not) credible.’” SSR 96-7p.

In addition, when assessing a claimant’s credibility, the ALJ must consider the degree to which a claimant’s allegations of pain and other symptoms are consistent with the objective medical signs, opinions by treating or examining physicians, laboratory findings, history, and treatments. In addition to the objective medical evidence, the ALJ must consider other factors:

1. The claimant’s daily activities;
2. The location, duration, frequency, and intensity of the claimant’s pain or other symptoms;
3. Factors that precipitate and aggravate the symptoms;
4. Information about the claimant’s medications to alleviate symptoms;
5. Treatment that the claimant receives for relief of symptoms;
6. Any other measures the claimant takes to relieve his symptoms;
7. Any other factors concerning the claimant’s limitations.

SSR 96-7p. Although the ALJ may not disregard subjective complaints merely because they are not fully supported by objective medical evidence, the ALJ may

discount subjective complaints that are inconsistent with the evidence as a whole. *Knight v. Chater*, 55 F.3d 309, 314 (7th Cir. 1995); SSR 96-7p.

Ms. Mansfield testified at her hearing that she suffered from fatigue that caused her to take a nap every day – possibly two naps every other day. R. 187. The crux of Ms. Mansfield’s argument is that this fatigue, while expected daily, is unpredictable. She testified that her naps depend on her general disposition each day. “Sometimes I’ll come back home and I’ll lay back down. It just depends on how I feel.” R. 198. Ms. Mansfield argues that because of this fatigue, she is not capable of performing the work of her previous relevant employment (study hall aide). Ms. Mansfield contends that the ALJ did not articulate sufficient reasons for this credibility determination. For the reasons discussed below, the court finds that the ALJ’s credibility determination was not patently wrong and that he explained his view sufficiently.

In the body of the decision, the ALJ set forth in contrasting paragraphs the medical evidence in the record and Ms. Mansfield’s complaints of severe pain and fatigue, along with the conflicting abilities that Ms. Mansfield acknowledged. The ALJ first identified her main complaint and its effects on her claim:

The claimant testified that her primary complaint is severe fatigue. Her typical day includes taking her children to school, lunching with her husband, watching TV and napping. She is able to do most housework, and drive, but states that she needs assistance at the grocery store and is able to sit or stand for only ½ hour at a time. She sometimes needs help getting up.

R. 14. The ALJ did not ignore the complaints of secondary impairments such as pain and fatigue. The ALJ noted that the symptoms of her disease were at issue in determining Ms. Mansfield's ability to perform any kind of substantial work. The ALJ did not err, however, by contrasting her complaints with her daily routine, objective medical evidence, the opinion of her treating physician, and her medically determined residual functional capacity.

The ALJ first noted that the objective medical evidence indicated Ms. Mansfield's joint pain had been treated effectively with steroid injections and physical therapy. R. 14, 15. Ms. Mansfield had reported an initial improvement of 85-90% from this treatment. R. 15. She had no history of acutely hot swollen joints or joint deformities, her recent X-rays were normal, and the dryness of her eyes resulting from Sjögren's syndrome was well-controlled by medication. R. 15. In addition, her treating physician reported that Ms. Mansfield enjoyed a full range of motion in her right shoulder and strong grip strength with an absence of swelling. R. 15. The ALJ therefore determined that the pain Ms. Mansfield was experiencing as a result of her rheumatoid arthritis and Sjögren's syndrome was currently under control and did not limit her ability to perform relevant previous employment.

The ALJ also contrasted Ms. Mansfield's subjective complaint of severe fatigue with her functional abilities, including her testimony and the medical evidence available:

She testified that she takes one nap a day due to fatigue, but she also acknowledged her ability to perform necessary housework, including making beds, mopping, sweeping, vacuuming, laundry, and cooking. She stated that she could push and pull a full grocery cart, and regularly provides all of the transportation for the children. Indeed, according to her statements on April 10, 2002, Ms. Mansfield used the treadmill regularly at home, twice a day for 10-20 minute sessions.

R. 16. In other words, the ALJ found that Ms. Mansfield's accounts of her daily routine and her physical abilities were inconsistent with her claim of debilitating fatigue. The ALJ's determination also included the medical evidence provided by both her treating physician, as well as the reports of state agency physicians who had previously examined Ms. Mansfield's record.

After the hearing, Ms. Mansfield was examined by Dr. Edwards, her treating rheumatologist, at the request of her attorney. Dr. Edwards' report on Ms. Mansfield's physical capacities was almost identical to the residual functional capacity that the ALJ found in his ruling: she could sit for an eight hour work day, while walking and standing was limited to two hours; she could occasionally lift and carry up to 50 pounds (the ALJ limited her to 20 pounds); she had no limitations on her hand and foot movement; she could occasionally squat, crawl, climb, and reach above shoulder level. R. 175. The Physical Residual Functional Capacity Assessment completed by the state agency physicians came to a similar conclusion: Ms. Mansfield was limited to lifting 50 pounds occasionally, could sit for six hours during an eight hour workday, could stand/walk for six hours during an eight hour workday, and had unlimited pushing/ pulling and range of motion

in her joints. The differences between the reports are minor, and the ALJ gave Ms. Mansfield the benefit of the more favorable assessment.

In formulating Ms. Mansfield's residual functional capacity, the ALJ fully considered her claim of fatigue and pain. He properly accounted for these symptoms in determining the functional capacity she retained. The ALJ stated that Ms. Mansfield's residual functional capacity was:

A limited range of light work, which means lifting no more than 20 lbs. at a time with frequent lifting or carrying of objects weighing up to 10 lbs. Even though the weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. Ms. Mansfield has the ability to substantially do all of these activities. Due to her fatigue and pain, she does require a sit/stand option, and needs to avoid more than occasional bending or stooping. These restrictions do not preclude Ms. Mansfield's ability to perform a limited range of light work.

R. 16.

Therefore the ALJ was consistent in his residual functional capacity determination by addressing Ms. Mansfield's testimony about severe pain and fatigue with the objective medical evidence, her daily activities and acknowledged abilities, and the opinion of her treating physician. He adequately articulated these findings in his decision and acknowledged the sources from which he drew his conclusion. The ALJ's credibility determination was not patently wrong and will not be overturned. See *Diaz v. Chater*, 55 F.3d 300, 308 (7th Cir. 1995).

II. *Failure to Note Evidence*

A. *Combined Effects of Impairments*

Ms. Mansfield next argues that the ALJ erred in failing to note that her condition, Sjögren's syndrome combined with rheumatoid arthritis, by definition may produce debilitating fatigue and joint pain. This argument is without merit.

The ALJ has a duty to acknowledge potentially decisive evidence. *Brindisi v. Barnhart*, 315 F.3d 783, 786 (7th Cir. 2003). An ALJ is required to account for all medical evidence that is credible and supported by clinical findings. *Nelson v. Apfel*, 131 F.3d 1228, 1237 (7th Cir. 1997). Although the ALJ need not provide a written evaluation of every piece of evidence that is presented, *Steward v. Bowen*, 858 F.2d 1295, 1299 (7th Cir. 1988), if the ALJ “were to ignore an entire line of evidence, that would fall below the minimal level of articulation required.” *Carlson v. Shalala*, 999 F.2d 180, 181 (7th Cir. 1993).

The evidence indicates that Ms. Mansfield's condition has the potential for severe symptoms of pain and fatigue, and the ALJ properly made note of these symptoms and the degree of debilitation they imposed. The ALJ referred specifically to these symptoms in his analysis of Ms. Mansfield's residual functional capacity. See R. 16 ¶ 2. He did not ignore an entire line of evidence.

Also, there was no evidence available to the ALJ indicating that the combination of Ms. Mansfield's impairments could lead to a level of debilitation not already considered. Ms. Mansfield testified that the classic symptoms of Sjögren's syndrome were "Fatigue, muscle ache, joint pain. I also have rheumatoid arthritis that goes along with that." R. 188. Ms. Mansfield's symptoms of fatigue, muscle ache, and joint pain are all incorporated in her condition as a whole – including both Sjögren's syndrome and rheumatoid arthritis. It is not possible to distinguish which symptoms she was feeling from which ailment. Both ailments can produce the same symptoms, with the exception of dryness from Sjögren's syndrome, which is not at issue. The end result is that Ms. Mansfield suffered from fatigue and pain. The ALJ accounted for these symptoms in his decision. The court must defer to his determination. *Diaz*, 55 F.3d at 308.

B. *Methotrexate*

Ms. Mansfield also argues that the ALJ erred in failing to note the side effects of her medication Methotrexate. Ms. Mansfield testified:

I have to administer a shot to myself once a week and the side effects from that is nausea, vomiting, stuff like that, which would give you flu-like symptoms, that, you know, I couldn't go [to work].

R. 186. However, Ms. Mansfield subsequently admitted during the hearing that these side effects last for only a day, and that if she were to administer the medication to herself on the weekend, the resulting symptoms would not affect her

ability to perform substantial activity during the work week. *Id.* Because the eligibility standard under 20 C.F.R. § 404.1520(f) is a stringent one, the ALJ properly considered Ms. Mansfield's ability to avoid the side effects of her medication on the weekdays.

The ALJ adequately covered in his decision any fatigue that Ms. Mansfield was experiencing as a result of her medication. The Seventh Circuit has "repeatedly stated that the ALJ need not evaluate in writing every piece of testimony and evidence submitted." *Carlson v. Shalala*, 999 F.2d 180, 181 (7th Cir. 1993), citing *Stephens v. Heckler*, 766 F.2d 284, 287 (7th Cir. 1985); *Zblewski v. Schweiker*, 732 F.2d 75, 79 (7th Cir. 1984). This is especially relevant in a case such as this where the medical records show overlapping symptoms with multiple sources. The record establishes that Ms. Mansfield was suffering from severe fatigue and pain as a result of rheumatoid arthritis and Sjögren's syndrome, and as a possible side effect from Methotrexate. While an ALJ must consider the combination of a claimant's impairments, including their interactive and aggregate effects, see C.F.R. § 404.1523, the ALJ does not have to "use terminology such as 'combined' or 'combination' in analyzing the claimant's impairments, but the reviewing court must be able to determine that the ALJ did in fact consider the combined effect of a claimant's impairments." *Corey v. Barnhart*, 2002 U.S. Dist. LEXIS 7146 (S.D. Ind. 2002). The ALJ's decision specifically stated that Ms. Mansfield alleged that she "became disabled on October 24, 2001 due to *rheumatoid arthritis and Sjögren's syndrome and suffers*

from fatigue, and joint and muscle pain.” R. 14 (emphasis added). The ALJ was well aware of Ms. Mansfield’s impairments and considered their resulting symptoms for their combined effect in determining her level of disability.

Conclusion

The ALJ’s denial of benefits was supported by substantial evidence and was adequately articulated. The Commissioner’s decision is affirmed, and final judgment will be entered accordingly.

So ordered.

Date: June 14, 2005

DAVID F. HAMILTON, JUDGE
United States District Court
Southern District of Indiana

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